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SCHOOL HEALTH NUMBER

¶ The School's Responsibility for Its Pupils' Health --- Views of School Health Workers --- What School Nursing Did for One County --- The Modern Health Crusade --- Progress in School Health Survey

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The Ohio Public Health Journal

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Better Protection of Children Credited to New Health Law

Improvements already achieved in protecting the health of school children would justify the adoption of the Hughes-Griswold health district act, even if it offered no other benefits to the people of Ohio.

To one who can take a bird's-eye view of the school health situation in the entire state, the accomplishments of the past few months are as encouraging as the conditions of two years ago were discouraging. On all sides the opportunity for health supervision and instruction of school children is being seized.

Only two years ago the following statement was made in the OHIO PUBLIC HEALTH JOURNAL, in the course of a discussion of "Physical Education in Ohio Schools":

"There are in Ohio over sixty thousand more children in rural (including village) schools [than in city schools]. Yet these are the schools, together with the schools of the small cities, in which there is little or no physical supervision."

Today the situation is vastly different. Reports from many localities show clearly that the thousands of rural and village children are receiving more nearly their just share of the physical supervision being dispensed in the state. The summary for the year 1920 will afford material for an interesting and instructive comparison with that for two years earlier.

Many progressive counties have been quick to grasp the opportunity offered by the Hughes-Griswold act for conservation of their greatest natural resource — their children. Those which have not taken advantage of the new situation are permitting needless waste of this valuable asset.

* * *

School Teacher as Aid to Health Commissioner

The school teacher has a role of tremendous importance in the public health program which is being carried out in Ohio. No one else comes into such intimate contact with the state's child population — and the state's child population offers wider possibilities for raising of public health standards than does any other equally large group.

By virtue of her relation to the children, therefore, the teacher has the opportunity to serve as a connecting link between the health authorities and the most important part of their field of work.

Elsewhere in the magazine are presented suggestions in regard to the teacher's possible activities in the public health field. By following these suggestions as completely as circumstances permit the teacher can be of great assistance to the health officer.

It is a great opportunity for service, both to their charges individually and to the public in general, that the new public health program offers to the school teachers of Ohio.

* * *

Co-operation Essential in School Health Work A board of health alone can not do all that needs to be done for the protection of the health of school children. Neither can a board of education or a Red Cross or other nursing organization.

To do the work effectively requires the co-operation of all these agencies and the active support of private citizens as well.

The law offers opportunities for conflicts between school and health authorities in conducting school health systems. Where there is a real desire to benefit the health of the community, however, these possible conflicts will be disregarded and all organizations concerned will work together willingly.

Results, and not the methods of obtaining these results, are in the final analysis the standards by which a school health supervisory system must be judged.

Results — and in this case the word means children restored to healthy, happy lives — are obtained by co-operation, rather than by friction.

We must all get together to obtain results of this kind.

* * *

Survey Useful Only as Basis for Action In this day of numerous surveys nothing has come to be more cleary recognized than the fact that a survey is valueless unless its disclosures of shortcomings serve as the basis for remedial action.

Apply this truth to the school health survey which may have been conducted in your county in recent months. With the facts at hand, what have you done about them?

What one county did was to call together school officials and interested citizens in a conference, which heard the report of the survey and formulated a definite p'an of corrective action. And the plan not only was formulated but is being carried out as rapidly as circumstances permit.

Don't be satisfied merely to know the facts, if the facts are not what they ought to be. Make every responsible individual face the facts and feel the need for changing them. Not until that has been done will the survey have been justified.

Public Indifference Lets Smallpox Spread The indifference of the public to increasing prevalence of smallpox throughout the world draws the attention of several recent commentators on public health. Since the World War, it is remarked, the disease has been gaining ground until today it is a real menace to the health of the people of the United States as well as of other countries.

Ohio has had her full share of smallpox in recent years, as this magazine has frequently pointed out. Yet every attempt to enforce vaccination brings a loud outcry of protest. An Ohio school board a few weeks ago was the target of bitter attacks simply because it strove to do its duty by adopting the only practical measure for restricting the spread of smallpox in the schools under its control.

That vaccination does prevent smallpox is proved by long lists of illustrative instances. Space forbids citation of such proof here. Any reader who wishes further information, however, will be accommodated if he will request it.

In considering the vaccination question, remember this one consoling fact: The obstructionist who tries to impede the preventive program and refuses to be vaccinated is the person who will suffer most when the disease reaches the community.

* * *

Pay More Money: Save More Lives Milwaukee's health budget this year provides for an expenditure of one dollar per capita. Last year the appropriation was sixty-nine cents per capita and the city's mortality rate of 11.02 per thousand was the lowest in its history and one of the best records achieved by any American city. This instance of the direct relation between public health expenditure and death rate should convey a lesson to many other cities. The Milwaukee mortality rate for 1920 will be awaited with interest.

* * *

Centralization Improves Community's Nursing Service Centralization of public health nursing forces into unified organizations in many localities is a significant phase of the present period of public health progress in Ohio.

The development of nursing service in the state as a volunteer activity backed by various philanthropic organizations has resulted, in many communities, in the existence of several nursing agencies working independently of each other, with consequent inefficient duplication of effort in many instances.

Through the efforts of the State Department of Health, with which various other organizations have co-operated, the principle of "unity of command" has been applied to several such situations. The independent

nursing services have placed themselves under the control of joint committees, working in harmony with district health authorities, and have divided their fields in such a way as to continue their work without duplication.

The result is a creation of a single strong nursing force, charged with definite functions in the carrying out of a comprehensive public health program in its city or county.

* * *

"Reciprocal Notification"—Bane of Quarantine Jumpers

In the old days in Ohio it was reasonably easy for a person exposed to a communicable disease to escape quarantine by slipping quietly away into another health district. Under the disorganized condition of local health administration then prevailing prompt and strict enforcement of quarantine regulations by the authorities of the district entered could seldom be obtained.

But the old order is changed. The strong network of local health protective agencies which is rapidly spreading meshes over the entire state is constantly on the lookout for these evaders of the law. By a system of reciprocal notification the district health commissioners are warning their colleagues of such escapes. If John Doe leaves Akron after exposure to smallpox, thinking to avoid notice by going to a rural county in the opposite corner of the state, he finds himself mistaken when he meets the district health officer as he steps off the train in his rural retreat.

The system of reciprocal notification, steadily gaining in efficiency, is another of the benefits Ohio is receiving from her new health administrative system.

* * *

"Service" the Watchword of the Public Health Nurse

As one reads and hears reports of what public health workers are doing in many localities, he must be impressed with the vastness of the opportunity for public service that is offered by their profession. Read what one Ohio nurse said in a recent report:

"No definite value can be placed upon public health work. If we save one tiny life in the summer we feel that we are repaid for our efforts but if we save several of these little beings, as I believe we have this summer, how golden are our hopes and how multiple our joys because of our ability to be of service!"

The same report tells how this nurse brought back to sound health a baby which, through its mother's ignorance, was steadily wasting away, a victim of digestive disorders. Several similar cases occurred in her summer's work, and every little life was saved.

Scores of other nurses are giving their communities equally valuable service.

Building for Ohio's Tomorrow

WHAT about tomorrow, Mr. Ohio?

You and I can till the soil, operate the shops and factories, carry on the government, do all the things that have to be done to keep this great old state of ours on the high road of progress for a few decades more. But what about the next generation? What are we doing for it?

Yes, we are building cities and good roads, putting up fine school houses, developing our mines and quarries, extending our industries in all directions — in general laying by a pretty good store of money for the boys and girls when they come along to manhood and womanhood.

Is this all we ought to do for them? Are these the things that really are going to count the most to our boys and girls when they grow up and take over the business?

Suppose you had the chance to start over and take your choice — which would you rather your father and mother left you: one hundred thousand dollars in money and a puny, underdeveloped body, or a strong, vigorous body and little money? You wouldn't hesitate long, would you, between the weak body, liable to disease, incapable of real work, and the strong one, able to carry you through whatever you might have to face, with a minimum of physical ailment or defect? The money would do little to influence your decision.

Now then, let's think about these boys and girls of ours, whose inheritance we are now building up.

They want sound vigorous bodies, too. That is their choice, just as it would have been yours. What are you doing to be sure that they get what they want and need?

More than half of them don't grow up on the farm or in the village, as you and I did. More than half of them, these days, grow up in the city, where there isn't much chance for the sort of healthy outdoor life we led while we were growing up. The air these city youngsters breathe is polluted with smoke and dust and noxious gases.

And even when we leave them in the country, we coop them up in the schools for longer hours — much longer than we had, and we keep them there for a longer school term than we had — much longer. We have to, for we know that they must learn if they are to keep up with this rapid world. They must study much harder than you and I studied. They begin earlier, work harder and keep it up longer than we did when we were youngsters.

They show the results of it, too. Watch them as you meet them coming home from school. Give them a good looking-at next time you pass the school. Good many look pretty spindling and puny, don't they? Good many don't have much color? Look pretty pale and thin? Very few have full, rosy cheeks and good, sturdy legs?

If you were a doctor, you would notice a lot of other things about them, too. Lots of them have their throats all choked up with adenoids and enlarged and diseased tonsils. Lots more have eye trouble and ear trouble. Very few of them have sound teeth. A good many have poor hearts and poor lungs.

They don't look as if they are

going to make very husky men and women, do they?

Just a few minutes ago, several thousand of them marched by my window in the Ohio State University cadet corps — mostly freshmen straight from Ohio's public schools. They didn't look very good, either. Didn't look like the boys I used to see in the army camps — boys who had real training, who had been built up systematically. Those boys in the army had faces so full of color you could see the pink in the mass of them as soon as you saw the khaki. They had some heft through the shoulders. These cadets looked pretty sallow; they hadn't much color. Most of them were pretty narrow through the chest and pretty lean through the shoulders. Look at them, yourself, next time, and then think what sort of men and women these are going to be to take over the heritage we have worked so hard to get together for them.

Wouldn't it be good business to take this thing up really seriously and think about it? A lot of us, whose business it is, are thinking about it pretty seriously already, but our thinking won't do much good unless we can make you too think, Mr. Ohio. A lot of us have worked out some plans that have already helped a lot of these children — helped them so that you can see it when you look at them. But it's slow work when nobody takes much interest in it. We are telling you in this bulletin some of the things about school inspection. There is a lot more we might tell, but we can't give you too large a dose at once.

If we succeed in making you think, even a little, about it, perhaps we shall get ahead a little faster trying to do something about these children of ours.

CITY-COUNTY UNION

The scheme of securing the advantages of a full time health commissioner at reduced expense by having a city and a general district employ one man for both commissionerships is working out successfully in the seven cases in which it has been tried. Indications are that the 1921 health budgets will provide for application of this plan in other counties.

Under this arrangement the two districts continue to exist independently, each with its own board of health. Each employs the commissioner for part time service on such a basis that the two positions together consume his entire time. The objection of the general district to placing itself entirely under the jurisdiction of the city board of health, as must be done when an actual union is effected under the law, is overcome by this arrangement, and the most important advantage of such a combination is obtained.

"RING IN THE NEW!"

The old idea that the chief function of a board of health is to tack up quarantine placards and to bury stray animals is fast disappearing. The really constructive work of the future health officer must be with the well rather than with the sick, and must not be limited to the control of communicable diseases. The health officer must be a teacher as well as an administrator of health regulations.

—*The Commonhealth,* Massachusetts State Department of Heath.

The School's Responsibility for Its Pupils' Health

By T. Howard Winters, Inspector of Teacher-Training, State Department of Public Instruction

THE schools of Ohio have hardly fully realized, much less performed, their duties in matters of the pupils' health. The traditional view is that it is a matter for parents to look after — a view quite as often held by the parents as by the teachers, for parents often resent what they deem interference or officious assistance.

There are four sides to the duties of the school in the matter of health: (1) the school should not itself injure health, (2) it should instruct in health matters, (3) it should take measures to determine the individual child's condition, (4) it should include exercises to develop strong bodies.

The School's Health Hazards

Many schools have been and many are yet offenders under the first of these heads. The character and amount of school work is sometimes injurious — too much close work, too much work that forbids change of position, too many formal lessons to be prepared at home, too much emphasis on high standing — these demands injure some of the children in many schools. The requirements of formal discipline are sometimes injurious to very little children, whose development requires free movement and relaxation, and to the nervous systems of older children. To the latter bad discipline is equally likely to be injurious. Another offense of the schools in the injury of children's health is the violation of hygienic standards by the school itself. The supply of drinking water is not properly safeguarded or distributed in a large per cent of our schools. Laws relating to common drinking cups and common towels are often broken. Insanitary and indecently maintained toilets are to be found in nearly every county and in some counties are the rule rather than the exception.

Sometimes there is hesitation about the improvement of the isolated school because centralization is anticipated. More often there is neglect there for the causes that make the one-room school otherwise inferior. We are not likely to have good health conditions in many one-room schools. The difficult trip to school in bad weather causes many case of illness. The far better attendance in centralized schools which furnish transportation is indicative of this. Where there has not been experience with transportation it is often predicted that disease will be communicated in the vans. The ventilation there is practically always good, and the much better sanitary conditions of the centralized school and the diminished exposure make up for the danger of the van several times over.

The system or lack of system of heating and ventilation is often injurious. Too often teachers neglect the means of ventilation which they have or could easily devise. For a room too hot or too cold or

too dry some one is to blame. Probably one-third of the city and village primary rooms will have the odor of lack of ventilation next January — and the children will pay.

Much could be added on bad lighting, dim blackboard work, ill-adjusted seats, and other neglects too often observed.

How Health Can Be Taught

In the matter of instruction in health matters the chief difficulty has been an assumption that a text-book knowledge of a health fact is sufficient. This is being remedied in many places, and with the effort now under way, we hope it will be remedied in most places. School health leagues, the practical plans of the Red Cross and other societies, are using the time of the hygiene recitation to better advantage. It is the forming of right habits that these aim at, for the knowledge goes with the habit but the habit not necessarily with the knowledge.

The hope that sex-knowledge may be imparted by those who can skillfully impart it has not yet been abandoned by all educators. While all blatant proclamations that the home and not the school is the place for such teaching are still greeted with applause in teachers' and parents' meetings, the fact remains that many parents are quite incompetent and many more quite reluctant to perform that duty, and that the state owes its proper performance to the children. But the need will have to await both a better sentiment and a more adequate staff of properly informed and skilled teachers.

Needs in Physical Supervision

For the discovery and diagnosis of children's defects and ills school physicians and nurses are indispensable. In nearly every city school district, in a good many village large school districts and a few rural (in some cases entire county) school districts there is at least a hasty physical examination of the children annually. We hope that much more service will be available under the Hughes-Griswold Act. In only a few districts is the inspection adequately kept up and followed up. There is a great field here, only slightly cultivated.

The weighing and measuring of children, the cruder tests of sight and hearing and many other steps that will help guide children and parents in the matters of diet, sleep, use of eyes and simple treatments can be carried out by teachers if we once get under way systems that will solicit their interest in these things, and will give them a little expert instruction and a little apparatus for performing them.

Mention should not be neglected of the large amount of voluntary work done for school children by physicians and the fine attitude of state and county medical societies. Here and there, as there has been opportunity, a splendid piece of work has been done through the staff of the State Department of Health. It is our belief that there should be further legislation requiring the employment of at least one school physician in each county school district and authorizing the employment of such a staff as necessary. The people do not seem to realize how much they might save themselves in expense and distress if there were an adequate school health service.

There should further be means of furnishing remedial measures for those unable to bear the expense. Much gratuitous work for these is being done by physicians and dentists in some places.

Place for Constructive Work

Finally, the school should do constructive work in physical development. The rapid increase of gymnasiums shows some realization of this need. These gymnasiums are too often meant for high school students only. We should soon be able to fill our schools with teachers who have a knowledge of physical exercises for this is a part of the training in all of our normal schools. Those without that training can secure manuals which enable them to carry out such work successfully. Parents should demand it.

There should probably be a law requiring physical education and establishing the means of enforcing the requirement and of improving the work. Too often it is in the hands of calisthenic drill masters who are realizing only part of its possibilities. We are coming to feel that those exercises which have some of the freedom of play are better than those that are very formal. The esthetic may well be combined with the utilitarian in developing our bodies.

The physical education in many high schools is largely confined to the athletic teams. The strong, big fellows who need it little are given expensive coaching. Sometimes they are led even to over-exertion. But by the less developed boys and girls the duty of the same schools is not being performed. Public sentiment should demand a correction of this inequality, although perhaps the expense of athletic coaching should be reduced in no public schools.

Day of Awakening Here

The educator has long proclaimed that the school must develop the whole child but has been slow to realize the implications of his declaration, so far as the school's duty toward the child's health is concerned. It has remained for the present generation to see the real awakening and the beginnings of better things. The physician, the nurse, the club women, the parent-teachers' association member, the philanthropic organization have been more responsible for the awakening than the educator. We know now that only one function of the school is to teach — to teach in the formal way. It must discipline — not a discipline of restraint to enable lessons to proceed, but a discipline of life to start children right, with health habits, moral habits, right attitudes and a physique which has improved and not retrograded during the ages six to sixteen.

Finally, for the school to perform its duties in respect to children's health, expense must be incurred. The public must shake the taxation tree, vigorously, cheerfully. Those who know the extent, the causes, the results — the personal expense, the sorrows, the public burden, of the development of the unfit, of the neglect of child protection and improvement, will deem the proper expansion of our facilities for school housing and sanitation, of school health service and of physical education both a public economy and a duty.

Editor's Note

The heavy demand for space in this special School Number of the OHIO PUBLIC HEALTH JOURNAL made it impossible to include another installment of the series on "The Development of Public Health Administration in Ohio." These articles will be continued later.

The Wise Old Woman

There was an old woman, who lived in a shoe,
Had a houseful of children — a dozen or two;
And she furnished them bed and she furnished them board,
But all were mouth-breathers — and, my, how they snored!

They were slow at their tasks, they were dull at their books,
They were stupid in manners and stolid in looks;
For they had what each sensible person avoids —
They had enlarged tonsils and bad adenoids.

And the old woman said: "I'm so sad I could weep;
My dear children rob me of pleasure and sleep.
But they're not to blame; they'd do better, no doubt,
If they had all their tonsils and adenoids out."

So she hurried them off to a surgeon of note,
Who removed the obstructions from each little throat;
And when they returned, hale and happy again —
The home in the shoe was a pleasant one then.

They were quick at their tasks, they were bright at their books,
They were proper in manners and cheerful in looks;
For no longer they had what wise persons avoid —
Gone was every big tonsil and bad adenoid!

— JAMES BALL NAYLOR, M. D., *Health Commissioner, Morgan County General Health District.*

PHYSICIAN MAY VIOLATE SECRECY

A physician is justified in disclosing the presence of communicable disease in his patient in order to protect the health of other persons, the Nebraska supreme court recently ruled. The physician involved in the case had diagnosed a case of syphilis in a resident of a hotel and advised the patient to vacate his room immediately. When this advice was not heeded he informed the hotel proprietor, who ejected the patient. The patient sued the doctor and the court decided the case in favor of the defendant.

ADVERSE DECISION FOR FLY

The fly has been officially branded as a health menace in a ruling of the Maine supreme court. A hotel patron who broke a contract for two weeks' board and lodging because the dining room was infested with flies was declared to have acted within his rights and not to be subject to damages for which the hotel proprietor had sued.

Views of School Health Workers

WHAT do the people who are actually doing the work of school health supervision think about its value to the community? Feeling that their first-hand impressions would be of value to readers, the OHIO PUBLIC HEALTH JOURNAL asked some of them to prepare brief statements for this special school number. The remarks of Dr. J. A. Burnett, medical inspector of the Hamilton schools; Dr. C. H. Skeen, health commissioner of Henry and Fulton counties, and Dr. R. M. Schwartz, health commissioner of Columbiana County and Salem, which appear herewith, are results of this request.

Attention is called also to the nurse's viewpoint of the work, as presented elsewhere in this issue in the digest of the report of Miss Alice E. Squire, Lucas County Red Cross school nurse, for last school year.

Undernourishment and Bad Teeth in a Prosperous Rural County

By C. H. Skeen, M. D., Health Commissioner, Henry and Fulton County General Health Districts

IN Henry County, working with one nurse, we have been content to strive for quality rather than quantity, believing that far greater good can be accomplished by a small number of thorough examinations rather than a great number of superficial skimmings. Hence we can report on only 495 examinations. These comprise all but one grade of the Napoleon school children, together with three grades in scattering locations throughout the country.

As statistics are included elsewhere in this series of articles, we will not allude to our own collection further than to state that more than three hundred of these children examined are underweight, 233 are carrying teeth which require immediate attention, and 273 have tonsils the removal of which was advised.

Henry is an essentially rural county with practically no poverty There is no good and sufficient reason why our children shou'd not receive all the food they need as often as they need it, yet sixty per cent are five pounds or more underweight. This is certainly a most striking bit of proof that the city child of today is far better favored than is the country child.

Next to the problem of undernourishment and, no doubt, a great factor in the etiology thereof, the most striking fact brought to light in our survey is the number of children who are carrying in their mouths teeth which are in advanced stages of decay. It seems to the writer that there is some excuse for the parent who does not appreciate the fact that his child has diseased tonsils or even adenoids. These are things which, more or less, lie in the province of the surgeon, but bad teeth are so appar-

ent that the parents must know of their existence. The dentist and the public health worker of today have an immense field open before them; a great battle to convince, not only all of the parents, but, alas, some of the dental surgeons, that the baby tooth is worth filling. Not only the temporary teeth are neglected but also the six-year molars. It is indeed a sight to make the gods weep to see a great cavity in the six-year molar of a promising youngster from the home of a farmer who boasts of his tuberculin-tested cattle and his cholera-immunized hogs.

Each case examined has been followed into the home, and we are pleased to state that our labors are bearing fruit. Just how many tonsillectomies have been done on our advice or how many teeth cleaned and filled we shall be unable to report until school opens, but we can say with the utmost confidence that Henry county has learned to like health supervision and that the work will grow as the years go on and those who hold the purse strings of the county treasury realize that in caring for their children they are indeed making a worth while investment.

Views from Columbiana County

By R. M. Schwartz, M. D., Health Commissioner, Columbiana County General Health District

THE child is the gateway to the home. Herein, I feel, lies the key to success of well regulated school inspection.

Examine a school child, acquaint the parents of the child with your findings and perhaps bring about an improvement in the child's physical condition, and you have not only helped the child but have undoubtedly made many friends of the family and gained support for further public health activities. I, therefore, look upon physical supervision of schools as of mutual benefit to both those persons examined and those conducting the examination.

It has undoubtedly seemed to all of us who have done this work in our districts that our efforts have been of litttle avail and we have at times been discouraged over the apparent lack of results. We must not lose sight of the fact, however, that physical supervision of schools is a new venture in a great majority of our districts and that we should expect it to be looked upon with some doubt as to its worth at first. We also have the consolation of knowing that each day more people are being shown the real value and advantages of school health work as a part of the great health program now under way in Ohio. There will be a gradual lessening of the number of those parents "who know how to raise their own children without the assistance of any outsider," and as this number does become less and they stop considering us as "outsiders," our work will show greater results.

From the standpoint of the child — if we can see a child when he first enters school and by properly kept records can chart his physical condition from year to year, advising the correction of such de-

fects as we discover, we should be able to a great extent, to destine his physical condition when he is ready to leave school. This plan of ours of such close supervision and such good results seems almost a Utopia, especially to those of us who must content ourselves with small appropriations and necessarily small staffs, but we are right now in position to lay a solid foundation for the future of such work.

We also look upon school supervision as an aid in combating and controlling communicable diseases. In the comparatively short time that we have been functioning we have found that many cases of tuberculosis, mental deficiencies and even such diseases as measles and chickenpox have come to our attention that would otherwise have gone unnoticed.

Real, efficient physical supervision of schools does not end with the examination of school children. After the first examination, untiring follow-up work on the part of the nursing staff must be started. By visiting the homes of the children examined, the nurses can bring about improvements, and at the same time perhaps cause an improvement in the home surroundings.

By thorough examination, intensive follow-up work and the conducting of clinics in various parts of the district for those children whose parents cannot afford to pay for needed improvements, we will be able to be of real value to our communities and assure the future of all health activities in our communities.

Results of a Half Year's School Health Work

By J. A. Burnett, M. D., Medical Inspector, Hamilton City Schools

AFTER the Board of Education decided on medical inspection of school children at the begininng of this year, it became necessary to visit schools that had been doing this particular kind of work for several years in order to ascertain their methods. It was also necessary to secure working material before the examination of the children began, so that it was not until April 11, 1920, that a general examination of the school children began.

We have placed first aid material in each of the fourteen school buildings, and either the nurse or myself attends anything that may occur and the child is then referred to his family doctor.

We examined all children exclusive of the kindergarten, first grades, junior high school and high school. The total number examined was 3210 and the defects disclosed were as follows:

Acne	147
Adenoids	939
Acute tonsilitis	2
Acute otitis media	2
Blepharitis	1
Carious teeth	1,950
Cardiac disease	9
Chloasma	1
Chorea	1
Chalazion	2
Cleft palate	4
Coniunctivitis	346
Defective breathing	210
Defective palate	4
Defective nasal breathing	230
Defective vision	408
Deflected septum	234
Defective hearing	3
Enlarged glands	601
Enlarged tonsils	1,362
Enlarged thyroid	102
Eczema	86

Malnutrition	493
Nervous instability	68
Ptosis of upper eye-lid	3
Pre-tuberculous	25
Rales	106
Trachoma	3
Suspected trachoma	3
Teeth need cleaning	1,229
Winged scapulae	122
Total	9,906

Total defects as noted 9,906. However, if defect had been prevously corrected, no notation was made of same.

Owing to the fact that the scales for the proper weighing of the children did not arrive until after the close of the school year, it was impossible to determine definitely whether some children should be classified as malnutritious or pretuberculous. I may add that at the beginning of the coming school year a chart will be placed in each room and each child will be required to weigh and measure himself once a week and thus a definite record will be had during the year.

In addition to the general examination conducted, the school nurse gave a series of five health talks to each one of the twelve grammar schools and organized in each school a "Little Mothers' League" for the girls, and what was called a "Military Company" for the boys. This work covered the following:

TO THE BOYS

1. Care of mouth and teeth.
2. Value of drinking water, daily bath, etc.
3. Importance of fresh air and proper ventilation.
4. Proper food, milk, green vegetables, etc.
5. Importance of sufficient sleep and rest and play.

In the marching exercises the posture was stressed, the importance of holding shoulders straight, to give heart, lungs, stomach and liver room to perform their respective duties.

TO THE GIRLS

The same talks to help them keep well, and incorporated with these, five lessons on "Keeping Baby Well":

1. The Baby's weight and importance of development, necessity for supporting head and back.
2. Baby's bath.
3. Baby's food. Keep milk cool, clean, covered.
4. Seven indications of sickness. What *not* to do without the doctor.
5. Moral responsibility of "Little Mothers" to younger members of the family.

Since school closed, in pursuance of a "follow up" policy the school nurse has visited in the homes, explaining the importance of and necessity for the treatment advised. She has made 340 visits to date and reports that the response has been remarkably encouraging, and her reception, with very few exceptions, gracious and grateful.

The board of education has secured a complete dental equipment which has been placed in the Central High School annex which is of easy access to all parts of the city. The services of a dentist will be arranged for so that at the beginning of this school year this important phase of health work will be definitely launched.

Last year the board of education, seeing the necessity for the proper development of athletics in the schools, purchased a ten acre tract of land on the east side. This is now being laid out in baseball diamonds, football field, running track, four tennis courts, etc. They also expect to add the proper playground facilities so that the extreme benefit may be had from the athletic field.

Such are the results of our first six months of school health work.

Progress in School Health Survey

Increased public interest in conditions and follow-up plans in several counties are among first good results of study, reports indicate.

BENEFICIAL results are following the school health survey carried on in Ohio during the past several months and completed by the early Autumn in thirty-one counties with nearly twelve hundred school buildings. One of the greatest gains is the increased interest of the general public and of health and school authorities in the sanitary environment of the children and in facilities for their physical betterment. Definite plans for betterment of conditions revealed by the study are being formulated in several localities which followed the survey with an analysis of the findings and meetings to discuss the situation.

The survey was carried out by the county child welfare committees in accordance with a standard plan adopted by the State Department of Health through its bureau of child hygiene. The work is still incomplete, as the committees are not organized in all counties and as bad weather during the winter and spring months interfered with progress in country districts. The rural side of the study was emphasized but many committees covered city schools also.

School superintendents by their willingness to co-operate showed that they realized the purpose of the survey was not mere criticism but was the arousing of enlightened interest of the public in school health problems. In several localities school authorities themselves filled out the blanks, relieving the child welfare workers of the task.

The awakened interest in one county, which has resulted in the employment of a school nurse and in plans for further improvements next fall, is reflected in this letter, recently received in the State Department of Health from a local worker:

> I do so much regret that the survey of the county has not been what I expected. The rains in April prevented the work in the one room school although I will have more reports come in this week besides those I am mailing under separate cover today.
>
> A number of schools will be centralized next year. I have my map (prepared through the kindness of the county superintendent), on my desk and can see at a glance the locations and have designated those inspected and those not.
>
> I regret the inefficiency of this survey in our county for I like to do anything as near right as I can. I realize how far short I have fallen in this. But I must say I never did any work that brought more comment (favorable) and I have been before the board of education and asked permission to place a health nurse in the schools. They seemed willing but as usual the question of finance arose. Then I explained what the health survey had convinced us of in the health of the school children and I believed it would in time reveal to them as a board of education as much or more than it had to us. I ended my talk with this question: If the women of M..... would raise the money and pay the salary of a health nurse in the schools, and if it proved a success would they take over the work the next year and keep it going, to which they readily agreed and voted on the same, and our names, Mrs. ..... and myself, and our mission were included in the minutes, also in newspaper report next day.
>
> As chairman of child welfare in the Child Conservation League, also W. C. T. U., I asked for called meetings of both organizations and started a cam-

paign for funds. On the fourth morning, four teams went over the top and brought in pledges amounting to a little over $200, two-thirds in cash. We want to employ an $1800 woman to insure good work, for I want to see results and I have in mind, after we are positively sure of this amount, to put on a one dollar drive and employ two nurses. M..... claims ..... population and I have unbounded faith that we can find 1800 people that will give us one dollar each.

I have the faith anyway not in what I can do but in what I can encourage and urge and help others to do, and the health survey has revealed a great many other conditions that we hope to remedy next September.

I wish I might have a copy of laws governing contagious disease in public schools. We are convinced that measles and mumps ran rampant through school this year and smallpox closed the high school and junior high for twenty-seven days. Was there an outline for teaching hygiene in the schools? We might include this in our work this coming fall.

The first thirty-one counties heard from reported on over 1,100 schools. They are: Ashland, Athens, Belmont, Champaign, Clinton, Columbiana, Erie, Fairfield, Franklin, Gallia, Greene, Hancock, Hardin, Harrison, Jefferson, Lake, Licking, Lucas, Marion, Medina, Miami, Montgomery, Morgan, Preble, Scioto, Seneca, Stark, Summit, Tuscarawas, Warren and Wayne.

Other counties which have taken out survey blanks include: Allen, Ashtabula, Crawford, Cuyahoga, Delaware, Lawrence, Lorain, Paulding, Pike, Trumbull and Wyandot.

When these eleven additional reports are completed, nearly one-half of the counties of Ohio will have before them for the first time definite funds of information on the sanitation of school buildings and physical supervision of school children, to be used as a basis for future work in these fields.

Topics covered, under these main heads of sanitation and physical supervision, include building construction, grounds, water supply, toilet facilities, lighting, heating, ventilation, teaching of hygiene, physical condition of pupils, provision for medical inspection and social aspects of the school in relation to the community.

Blanks were prepared for scoring each school, that localities might see their relative standing. On matters that must be seen to be judged the local score must be accepted, but scores for medical supervision are being revised by the State Department of Health. Conscientious work in scoring is characteristic of most of the surveys. Only a few are sending in such scores as 98½, and one inspector thinks her school not worth more than 19. The average score for the counties tabulated thus far is in the sixties.

As a deduction of 20 points is made for entire lack of medical supervision, it is considered probable that much higher scores will be registered next year, when such supervision will probably be widely extended under the direction of the district health commissioners in both cities and rural districts.

Ohio Has Average Baby Death Rate

Infant mortality figures for the Census Bureau registration area for 1919, given out in connection with the birth statistics for that year, show Ohio to be about an average state in mortality among children under one year old. The state's rate was 90 infant deaths per 1,000 births. The rate for the registration area was 87. States whose records were better than Ohio's were: California, Connecticut, Indiana, Kansas, Kentucky, Massachusetts, Minnesota, New York, North Carolina, Oregon, Utah, Vermont, Washington and Wisconsin. Ohio cities listed were Cincinnati, with a rate of 88, and Cleveland, 95.

What School Nursing Did for One County

Miss Alice E. Squire, Red Cross school nurse in Lucas County, tells of her experience in examining more than 3500 children.

IS school nursing work needed in Ohio? Let Miss Alice E. Squire, school nurse employed by the Red Cross in Lucas County, quote from her experience in answer to the question.

Of 3,587 school children examined in Lucas County in the term of 1919-1920, all but 371 revealed physical defects to the examining nurses. It is probable that medical examination by physicians would disclose additional defects. Notices to parents informed them of their children's ailments and suggested medical and dental attention.

"We are almost glad that it was impossible to have a physician examine the pupils this first year," remarks Miss Squire, "for with his more rigid test, including the heart and chest, we fear the results would have been too utterly discouraging."

The 3,216 defective children had a total of 4,761 defects. Approximately five hundred children were not examined, having been absent, most frequently on account of illness, when the nurse visited their schools.

Decayed teeth were found in 2,027 children; more than one-half of the children of the county are in need of a dentist's care, according to Miss Squire. Defective vision was present in 964. Nasal obstructions caused 482 children to be mouth breathers and heirs to all the serious consequences of that habit. Inflamed or enlarged tonsils were present in 798 cases. Ather conditions noted included hyperthyroidism, unattended deformities, mental deficiencies and malnutrition. Few of the children had ever been vaccinated for smallpox.

"There is no way of determining as yet the exact amount of tuberculosis and other constitutional diseases existing in the schools, but we have sufficient evidence that they are present to such an extent as to call for a concerted effort to check their ravages," says Miss Squire. "Until a second inspection is made it will be impossible to know just how many parents have heeded the notices sent them, but enough reports have come in to show that at least a part of the notices have not been in vain."

Only 1,127 of the children examined were weighed, scales not having been available until the latter part of the examination period. Three hundred and twenty-two children — more than one-fourth of those weighed — were ten per cent underweight, indicating malnutrition.

Few schools, Miss Squire found, live up to the principle of the individual drinking cup, although the majority of the teachers are instructing the children in this matter. The common towel was frequently found, although paper towels had replaced it in many instances.

"The use of the tooth brush has in many schools already been made a subject for constant teaching, but those 2,027 mouths, with several cavities each, testify as nothing else can to the need of urging continual

care of the teeth, both personal and dental, and to the need of forcing home to both the children and their parents the serious results attending the neglect of the teeth," says the nurse.

"The use of the handkerchief was also a subject brought constantly before the children, for most of them carry handkerchiefs, if at all, for ornamental purposes. Certainly to stifle a cough or sneeze with one ahd never been thought of.

"Both the tooth brush drill and the handkerchief drill were used to impress the lesson more thoroughly upon the minds of the children in the lower grades, while a talk on the "baby teeth" and the five good reasons for giving them care and on the "five year molar" and its relationship to the teeth and the general health was given to the pupils of the older grades."

Health talks were not confined to the children. Members of the township boards of education also heard one when they met in county convention. Stereoptican slides were used used to show them examples of insanitary conditions in the schools and to illustrate the work of the nurse.

In the lack of a district health organization in the county during the earlier stages of her work, the nurse was frequently called upon for service in the field of communicable disease control. Measles alone cut school attendance in the first four grades to fifty per cent of normal or lower for a period of two weeks, while diphtheria, scarlet fever, whooping cough, chickenpox and influenza were also present at some time during the school year.

"A sure test came to all concerned in the work," Miss Squire recounts, "when in the latter part of February four cases of diphtheria developed in a village school. With the help of the doctors of the town, the teachers of the school, the families concerned, the technic of handling diphtheria as given by state regulation was carried out."

The Toledo health department laboratories gave free service in this emergency, examining a total of 506 cultures. Seven active cases developed, fifty-nine carriers were quarantined and the epidemic was brought under control in three weeks. No deaths occurred.

Looking toward the year ahead, Miss Squire points out the need for follow-up work in the homes, for efforts to improve sanitary conditions in the schools and for means of providing care for children whose parents are willing but unable to pay for it.

"Then," she observes, "there are so many, many openings for nutrition classes, Little Mothers' Leagues, the teaching of practical lessons in home nursing and hygiene and first aid, Health Crusaders' leagues, classes for mothers in health work, welfare clinics for babies and pre-school children.

"The time and opportunity is at hand for all these things here in Lucas County, had we the time and workers to develop it."

How Chicago Saved Millions

"Does typhoid prevention pay?" Chicago answers the question with facts in the Bulletin of the city department of health. For the period 1910-16 Chicago had a total of 9,229 typhoid fever cases and 1,493 deaths, costing $17,997,300. For the three years 1917, 1918 and 1919, cases numbered 849 and deaths 111, giving a total cost of $1,386,900. In the earlier period typhoid cost Chicago $2,571,000 a year; in the latter, $462,000.

What the Teacher Can Do to Conserve Health and Prevent Disease in School Children

By Frank G. Boudreau, M. D., C. M., Director, Division of Communicable Diseases, State Department of Health

PUBLIC health is our greatest national asset. This has been admitted by statesmen for many years. Within the last twenty-five years the methods of conserving public health have been discovered. Experience has shown that to secure the best results, to conserve our greatest national asset to the best advantage, the individual must be subjected to a system of physical supervision which begins before his birth and safeguards him throughout infancy, childhood, adolescence and manhood.

Physical supervision is most needed in infancy and childhood, when the individual is least able to care for himself, and when he has little control over his environment. The period during which the individual attends school is a very critical period, for during these years he is prepared, physically and mentally, for his life work. Inadequate preparation, either mental or physical, will hamper the individual throughout life, and possibly cause him to become a charge upon the state. Moreover, one who is physically defective is frequently mentally retarded, causing an undue strain upon the teaching staff, reacting unfavorably upon other pupils in the class and setting up a vicious circle of cause and effect which increases the difficulties and decreases the opportunities of teacher and pupil. Instructors who teach in schools where the principles of hygiene are observed and where a system of physical supervision is established can have no idea of the difficulties occasioned by lack of hygienic surroundings, the uncontrolled ravages of communicable diseases, and the presence of pupils retarded because of remediable defects. In nearly all rural school districts in Ohio very little physical supervision is practiced, and in too many Ohio cities the system of physical supervision is inadequate or altogether lacking

Nowadays everyone realizes that the public school is the doorway to democracy. Educate the masses and the classes will disappear. Granting the truth of this, is it not time that we realized our responsibility for the physical welfare of school children?

After the parents, the teacher stands in the most intimate relationship to the pupil. The teacher's duty is not wholly performed if it is altogether concerned with the mental progress of the pupil. Physical and mental welfare are blended so inextricably that one cannot be neglected without reacting unfavorably upon the others. This article seeks to give teachers some idea of the physical care their pupils should have, and the pressing need of an adequate system of physical supervision, which is of just as much value in the little red country school as in the large modern public school in the city.

Influence of Health on Child's Mental Alertness

Other conditions being equal, the healthy child will make better progress in school than the unhealthy child. Children who are habitual absentees, children who are inattentive, dull children, and apparently stupid children, and especially nervous, irritable, troublesome children, — all these will be found to be the subjects of physical defects, most of which are remediable. Defective vision will cause retardation because the child cannot see the blackboard properly, and is subject to headache. Deaf children are frequently classed as stupid because they miss much of the instruction given by the teacher. Children with adenoids and diseased tonsils are mouth breathers, suffer from frequent colds in the head, appear stupid, and are so frequently absent from school that they cannot keep pace in their studies with normal children.

The actual feeble-minded child is one of the most important causes of trouble in the schools. There are a considerable number of these children in our schools, particularly in rural districts. They interfere with the progress of normal children by the undue amount of attention they require of the teacher. They lessen the progress of the class by their inability to keep pace with the others. Worst of all, their habits are not infrequently vicious, and the effect of their association with normal children is bad. The psychopathic child, on the other hand, may be bright but shuns company, is nervous and irritable and may become a petty thief or perform other more serious crimes. These are the children who fill our insane asylums and become such a serious burden to the state. Think how pleasant would be the teacher's lot if the classes were composed only of normal children, and the defective, the deaf, the partially blind and the feeble-minded, as well as those retarded from other causes, were given separate instruction.

No system of physical supervision of school children is complete which does not seek to locate all feeble-minded and psychopathic children, and see that they are given separate instruction or proper institutional care.

Sanitation of the Schools

The board of health of the district is required by law to inspect school buildings and property at least twice each year. These inspections are usually delegated to the health commissioner. One of these inspections should be made before school opens in September. At this time the water supply and sewage disposal should be investigated, and the board of education required to correct any faults in either. Whenever a teacher has any reason for believing the water supply impure, or the system of sewage disposal faulty, the matter should be reported immediately to the health commissioner.

A few points in regard to the sanitation of the school room should be kept in mind by every teacher. Hot, unventilated rooms make the pupils dull and drowsy, and cause flushing of the cheeks and headache, which may be mistaken for the beginning symptoms of some communicable disease. So good have been the results of placing subnormal children in open air schools, that the need for an ample supply of fresh air in all schools is very obvious. All the windows

should be kept open, if possible, all the time. A good plan is to replace the glass in the lower sash of the windows with muslin, which will keep out draughts and cold, and allow the entry of fresh air. This plan has been tried and found successful in so many instances, that there is no question of its practicability.

Many school rooms are swept out just before the opening of school in the morning, and clouds of dust hang about. Dust is a distinct health menace. Workmen in dusty trades frequently suffer from lung affections and usually die young. Dust should be eliminated from the school room.

Children shou'd not be made to face the light. If the teacher cannot prevail upon the board of education to alter the lighting, if faulty, it may be regulated by the use of opaque shades.

The drinking cup used in common must be eliminated, but fresh, cool water should be avilable at all times. Bubbling fountains are good, so are paper cups. Failing either of these the pupils should be required to supply their own individual drinking cups. In many sma'l schools individual cups are used but these are dipped into the pail of water or other receptacle. This, of course, destroys the value of the individual drinking cup. Receptacles for water should be provided with spouts or faucets.

There is a wise regulation prohibiting the use of roller towels or towels used in common. Arrangements for washing the hands and face should be available. Paper towels are cheap and convenient.

If some of the children bring lunches to school, an attempt should be made to provide heating facilities, so that no chi'd will be deprived of properly warmed food, such as soup. There are many forms of "canned heat" for use in districts where gas is not available. Some such organization as the Parent-Teacher Association will provide the necessary funds if its attention is directed to the necessity.

The teacher should urge children to eat nourishing food and to avoid pastry, fried food and an undue amount of sweets. Country children have access to and should consume an ample quantity of fresh milk. Ask the children to bring milk for their lunches. Ask the class how many had milk for breakfast. Impress upon the pupils the great food value of milk and the bad effects of coffee. Many young children are given coffee for breakfast, although its bad effect upon those of tender age is well known. Malnutrition has been shown by actual surveys to be more common in rural schools than in cities. It is very common indeed among school children in the rural districts, in some parts of Ohio affecting one-quarter of the pupils. An ample supply of nourishing food, plenty of exercise in the open air, and fresh air in the school room will work wonders with the victims of malnutrition, a most important predisposing factor to tuberculosis.

All gymnastics should be performed out of doors unless the weather is so severe as to render this impossible. As a rule gymnastics may be performed in the open air practically throughout the year in this climate.

A wise teacher will arouse the interest of the pupils in the sanitation of the school room, and delegates much of this work to them, teaching them the elementary principles of sanitation in this practical way. Have the class appoint a health officer for certain periods,

and let him appoint various assistants. Make one pupil responsible for the water supply, another for ventilation, a third for lighting, a fourth for cleanliness, etc. Have records kept of the temperature of the room, and of other details of sanitation. The plan may be very simple or quite elaborate, but it will be of value in either case.

Many other points concerning sanitation of the school room could be mentioned, but space does not permit a fuller discussion. Any textbook of hygiene will give further particulars. The work of the teacher is made so much easier by hygienic surroundings for the school children, that any effort made to improve the sanitation of the schools will pay rich dividends in greater comfort and more rapid progress.

Physical Defects of School Children

The teacher who has had no experience of medical inspection will be ignorant of the physical defects of the pupils. The State Department of Health caused the medical inspection of one hundred school children recently in one of the large cities in Ohio. The teacher had noted that physical defects were present in five of these hundred pupils. The medical examiners demonstrated that physical defects were present in every child, and that the average was five such defects to each child. Teachers notice defective speech and vision. Many other defects cause retardation and the appearance of stupidity, and many children are labeled stupid and cruelly treated who are the victims of some remediable physical defect. I say cruelly treated, but I do not mean intentional cruelty. Think of the suffering of a sensitive child who is reproached for stupidity or laziness when he cannot help himself. A sensitive fourteen year old boy in Ohio committed suicide because he was called stupid at school. He was psychopathic and could not help himself. Teachers can do a great deal in detecting the presence of physical defects, particularly if they have been taught by an actual demonstration. *But nothing can take the place of complete and systematic medical inspection by physicians trained in this work, and this should be the ideal aimed at by boards of education, teachers and health commissioners.*

Physical Defects Teachers Should Notice

Teachers should know which of their pupils are under weight. Scales should be part of the regular equipment of every school building, and the pupils should be weighed and measured at stated intervals, preferably every month, and a proper and continuous record kept. A single weighing is not of much value. A continuous record of the progress made in weight is invaluable.

Teachers should know which of their pupils are short-sighted. Any teacher can learn to use the Snellin chart. Do not leave it on the wall when not in use, or the children will learn the letters by heart and a true test will be impossible.

Teachers should know which of their children are deaf. If a child hears only when a statement is repeated, or misses a great deal that normal children pick up, he is probably deaf. Ask the health commissioner to examine him.

Teachers should improve their powers of observation by constant watchfulness. They should notice the child who is easily fatigued, the child with flushed cheeks (when

the room is not too warm and close), the child with a rash or any other skin trouble, the child with swollen neck and children with other obvious symptoms.

Defects and Illnesses Which the Teacher Cannot Detect

Disease of the heart in its early stages cannot be detected by the teacher. Neither can disease of the lungs in the incipient stage. Venereal disease may exist without revealing its presence by any signs visible to the teacher. In fact, so many serious defects and illnesses may be present which cannot be detected by the teacher that the necessity of complete and regular physical examination by skilled physicians cannot be over-emphasized. This fact should not discourage the teacher, for she can do much in selecting children with obvious defects, and assisting the health commissioner in inaugurating a system of physical supervision. Eventually every child should be examined periodically by a physician.

Symptoms of Illness in Children

When any of the following symptoms appear in a child, the teacher should refer to the public health nurse, the medical inspector or the health commissioner:

GENERAL SYMPTOMS

Any deviation from the normal in a previously healthy child.

Symptoms	*Meaning*
Disinclination to study or play.	Symptoms of fever.
Unusual "tired" feeling.	May be the beginning of an acute infectious disease or simply stomach trouble, intestinal infection or "cold".
Drowsiness.	
Lack lustre of eyes.	
Cheeks flushed or pallid.	These symptoms mark the beginning of most children's diseases.

Chills
The earliest symptom of many acute infectious diseases. always demand attention.

Vomiting
May be due to simple gastro-intestinal disorder (indigestion). May be early symptom of scarlet fever or other communicable disease.

Sweating
May be profuse and has probably followed a preceding chill or fever.

Nervousness; restlessness; irritability
May indicate beginning disease of brain or spinal cord, or a functional nervous disorder; St. Vitus dance or epileptic fits. May be due to eye strain, skin disorder, insufficient sleep, etc.

Cough
May be beginning:
Whooping cough.
Tuberculosis.
Measles.
Simple cold or influenza (grip).

Loss of weight
Particularly if associated with slight fever, swollen glands of neck, a limp, or pain in the back, may suggest tuberculosis.

Cold in the head
Especially with running nose and eyes: first symptoms of measles, or German measles. May be simple cold or influenza.

Pallor
Indicates impoverished blood. With puffiness of the face may indicate kidney disease, especially after scarlet fever.

Frequent requests to go to the toilet
May indicate trouble with bowels, kidneys or bladder.

LOCAL SYMPTOMS

Swelling in the neck
May indicate:
Mumps.
Tuberculous glands.
Beginning of diphtheria.
Suppurating glands after scarlet fever or measles.
Bad teeth.

Eruptions on the skin
May be one of acute infectious diseases.
May be one of communicable skin diseases, ring worm, impetigo.
If eruption is accompanied by scratching may be, if on head, lice; if on hands and body, itch.

Discharges
If from nose, throat, ears or suppurating glands may be the result of measles or scarlet fever.

If irritating, creamy, or bloody from nose may be nasal diphtheria.
If from one nostril may be foreign body in nostril.

Scowling; squinting; headache; holding book improper distance in reading
Symptoms of faulty eyesight.

Eyes red
May be "pink eye," eye strain or beginning measles or German measles.

Eyes discharging
May be granular lids or beginning measles.

Sore throat
May be first sign of:
Diphtheria.
Scarlet fever.
Tonsilitis.
Septic Sore Throat.

Earache
May be due to adenoids or beginning middle ear disease.

Running ears
Middle ear infection (otitis). May be complication after infectious disease.
May be due to adenoids.

Pain
If referred to hip and accompanied by limp or inability to bear weight on limb: may be first symptoms of tuberculous hip disease.
If referred to back, may be beginning of Pott's disease.
If referred to right side of abdomen, may be appendicitis.
If referred to back of ear, may be beginning of mastoid disease.
If headache, may be beginning of meningitis; may be symptom of inflammation anywhere.

Digest of Regulations of State Department of Health Governing Communicable Diseases

The list of diseases is printed below in alphabetical order. Where a disease has a name containing two words, such as epidemic meningitis, it is listed under the name of the disease, and not under the first letter of the adjective. For instance, epidemic meningitis is listed under "m," and acute poliomyelitis under "p." The teacher should keep this outline on file so that it may be available for use when needed. Always consult the health commissioner when in doubt.

CHICKENPOX

The child with chickenpox must not return to school until all signs of the disease have disappeared except the small pits which remain occasionally for long periods.

Other children in the family who have not had the disease must be excluded from school, but need not be excluded until the twelfth day from the date they were first exposed if the health commissioner allows them to remain for this period.

DIPHTHERIA

A child with diphtheria must be excluded from school until there are no diphtheria bacilli in the throat (two negative cultures).

Other children in the family must also be excluded until their throats are clear of diphtheria bacilli (one negative culture).

Exposed children not in the family must also be excluded from school until their throats are clear of diphtheria bacilli (one negative culture).

"Carriers" must be excluded from school until they no longer harbor diphtheria bacilli. Exclude from school all children with sore throats or swollen necks especially when diphtheria is present in the community.

MEASLES

Children with measles must be excluded from school until they have completely recovered and the minimum period of exclusion is one week.

Children who have had measles need not be excluded from school, even if they have been exposed to measles. Remember, however, that there are two varieties of measles, and that German measles does not protect from real measles.

Children who have never had measles and are exposed must be excluded for a period of fourteen days. In certain cases the exposed child need not be excluded until the seventh day after exposure and until the fourteenth day, but these exceptions must be determined by the health commissioner.

MENINGITIS, EPIDEMIC

Children with meningitis must be excluded for a period of at least twenty-one days.

Children who are exposed to meningitis must be excluded for a period of ten days.

POLIOMYELITIS, ACUTE

Children with acute poliomyelitis must be excluded for a period of twenty-one days.

Exposed children must be excluded for a period of fourteen days.

SCARLET FEVER

Children with scarlet fever must be excluded for a period of at least thirty days.

Exposed children who have had scarlet fever need not be quarantined provided they do not live in the house with the patient.

Exposed children who have not had scarlet fever must be excluded for a period of seven days.

SMALLPOX

Children with smallpox must be excluded until all signs of the disease except the "pits" have disappeared.

Children who have been exposed to smallpox must be excluded for a period of seventeen days unless they have been successfully vaccinated within five years.

All school children and teachers should be vaccinated.

TRACHOMA

Children with trachoma or suspected trachoma must be excluded until they present a certificate of recovery countersigned by the health commissioner.

Children who have been exposed to trachoma need not be excluded.

TUBERCULOSIS

Children with active tuberculosis must be excluded from school until they present a certificate of recovery countersigned by the health commissioner.

Children who have been exposed to tuberculosis need not be excluded.

TYPHOID FEVER

Children with typhoid fever must be excluded from school until they have entirely recovered.

Children who have been exposed need not be excluded.

WHOOPING COUGH

Children with whooping cough must be excluded until they have entirely recovered. The minimum period of exclusion is two weeks.

Exposed children who have had whooping cough need not be excluded.

Exposed children who have never had whooping cough must be excluded for a period of two weeks.

FAVUS, TINEA (RING WORM), IMPETIGO CONTAGIOSA, SCABIES (ITCH), AND MUMPS

Children with any of these diseases must be excluded from school until their symptoms have entirely disappeared.

NOTES

All cases of communicable diseases should be readmitted to school only upon presenting certificates from the health commissioner. All health commissioners should make this arrangement, but not all have done so.

In reading these rules, which are extracts from the State Sanitary Code, it must be borne in mind that children who live in the house with the patient must be excluded while the patient is quarantined and for the additional period specified in the rule. For instance, in measles, children who live in the home with the patient and have not had measles must be excluded from school until the patient has recovered and for an additional period of fourteen days.

Teachers should familiarize themselves with the beginning symptoms of the infectious diseases. They can help to prevent the spread of communicable diseases among school children by so doing, and their work will be made very much more pleasant and profitable.

The ideal to be aimed at is a sound mind in a sound body.

Ohio School Children as Health Crusaders

THE Modern Health Crusade, an organized movement, founded by the National Tuberculosis Association for the teaching of health habits to the youth of the country, is a lusty youngster in the public health field and promises to "come into its own" in Ohio during the school year, beginning this fall. The Crusade will be developed this year in the rural schools of eight counties — Franklin, Cuyahoga, Summit, Lucas, Marion, Union, Medina and Monroe.

Crusade work, carried on in a limited number of schools of Ohio last year, affords sufficient evidence of the popularity of the movement and the practicability of the plan to insure its rapid development throughout the state during the coming school year.

More than 30 schools in Columbus finished the first year of Crusade work in June of this year with some 5000 children enrolled. The work was made possible in Columbus by the Junior Red Cross, which bore the expense and furnished the Crusade director.

"I am convinced," says Mrs. Rarey, public health nurse, who was director of the Columbus Crusade," that the ultimate solution of the public health problem lies with the children in the schools, and the Modern Health Crusade movement will do more than any thing else to bring about the abolition of preventable disease and to achieve the goal for which all public health workers are striving."

J. H. Francis, until recently superintendent of the Columbus public schools, and principals in the schools where the movement was ideally carried out, are most enthusiastic over the work accomplished by the Crusade. But children who enlisted are even more enthusiastic. They want to see it continued as a part of their school work.

Here is one example of results accomplished. A family in Columbus, familiar to visiting nurses, social workers and teachers, had always spurned any attempts to assist them in improving the very insanitary conditions surrounding their home. The father was a victim of tuberculosis and was careless in his habits about the home. As it is a rule of the visiting nurses of the Columbus tuberculosis society never to intrude themselves where they are not welcomed, they had practically "passed up" this family. The principal of the school attended by the children from this family had agreed in advance with the nurse that they would probably get nowhere with this family in introducing the Modern Health Crusade. Much to their surprise and delight, however, they discovered within a few weeks after the crusade work was started, that the children in this family were enthusiastic crusaders; they were taking home their score cards and were observing to the letter the rules of the Crusaders. They had interested their parents and transformed a home.

This is only one of many instances where benefits of the Crusade movement have been proved. Dozens of children were found who owned no tooth brush. Some of them would bring their parents' or older brother's or sister's tooth brush with them to school to par-

THE MODERN HEALTH CRUSADE

Is a system of teaching that imparts good health habits.

The Crusaders are pupils between the ages of six and thirteen years.

Under it pupils do the duties explained in textbooks of hygiene and physiology, and interest is given their study.

Thousands of school children throughout the country have enlisted as Crusaders since the movement was started by the National Tuberculosis Association. Its success has been due to the interest in health aroused by introducing the elements of play, romance and competition into the study and practice of hygiene, and by a concrete program with tangible rewards. The Crusade dramatizes the pursuit of health in modern chivalry. Pupils acquire knightly honors through fidelity to health duties.

It is primarily home work and links the home and school co-operatively. It has had wonderful and far-reaching results in transforming homes and interesting teachers in health subjects.

Under the Modern Health Crusade, stress is laid on the importance of weighing school children, measuring heights, comparison with normal weights and instruction in diet.

ticipate in the tooth brush drills. Individual brushes were provided for them.

The Park Street School, Miss Frances Walsh, principal, and the Franklinton School, Miss Margaret Koerner, principal, being more or less centrally located, were visited by many out of town teachers and public health workers during the year. It was agreed that the Crusade work was ideally carried on in these schools. Health boards were elected by the pupils in each school, with a health officer for each room. The health officers made daily inspections of the Crusaders to see that the face, neck and ears were clean, that the teeth had been brushed, that a clean handkerchief was carried, the finger nails clean and the desk neat and clean.

Following the plan of the National Modern Health Crusade movement the pupils enrolled for two weeks and at the end of that time became pages if they had done fifty-four health chores each week. In three more weeks they became squires and received their first button, signifying that rank in health knighthood. At the end of five more weeks they became knights and were awarded the knight's pin. At the end of five more weeks they were awarded the knight's banner pin. At the end of the school year banners were awarded to the grades having the highest enrollment. These banners were awarded by Adjutant General Lavton in the rotunda of the State Capitol with appropriate ceremonies.

NOTE.—Readers of the OHIO PUBLIC HEALTH JOURNAL who are interested in the Modern Health Crusade and desire more information than is given here should write to the Ohio Public Health Association, 83 South Fourth Street, Columbus, Ohio.

PUBLIC HEALTH NOTES FROM OVER THE STATE

2,800 Wassermanns Monthly

Approximately 2,800 Wassermann examinations for the diagnosis of syphilis are being made each month in the laboratories of the State Department of Health, according to reports for July, August and September. he total for the period was 8,386 Wassermanns, of which 2,443 gave positive results. Private physicians submitted 4,977 of the specimens, others coming from clinics and institutions.

Bacteriological examinations of all kinds for the same period numbered 14,079.

Examinations for diphtheria and typhoid fever showed the usual seasonal increase during the period, the totals for July, August and September, respectively, for the two diseases being: Diphtheria 466, 500, 850; typhoid fever, 147, 267, 378.

The facilities of the laboratory are offered free to all Ohio physicians, the only restriction being that regulation mailing outfits, furnished free on application, be used in submitting specimens.

Enforce Quarantine Rules

Prosecutions and fines for violation of quarantine restrictions have been frequent in Akron recently. City health officials in the summer announced an energetic policy of enforcement of quarantine. Canton has also reported successful prosecutions.

Springfield "Districts" Nurses

Springfield public health nurses have been assigned to various sections of the city in accordance with a districting plan. Six districts are established, nurses making their headquarters at fire engine houses.

New Head at Springfield Lake

Dr. Clarence L. Hyde, recently head of the J. N. Adam Memorial Hospital, near Buffalo, N. Y., has assumed the superintendency of Springfield Lake Sanatorium. The latter institution is now a county hospital, Summit County having purchased the interests of the other counties in the former five-county district.

T. B. Conference in Ohio

Ohio will entertain the Mississippi Valley Conference on Tuberculosis next fall. This year's meeting at Duluth in September decided to hold the 1921 session at Cedar Point next September. Eleven states are represented in the conference. H. E. Roulfs, field secretary of the Ohio Public Health Association, is secretary of the conference.

Open New Nursing Courses

Aid in relieving the shortage of public health nurses is promised by the establishment of an eight months' and a four months' course in the theory and practice of public health nursing in the College of Medicine of Ohio State University this fall. Mrs. Norma Selbert, formerly supervisor of instruction for nurses at the Cincinnati General Hospital, is in charge. She also directs the University's five year science-nursing course, leading to a degree of bachelor of science and a diploma in nursing. The short courses are open to qualified graduate nurses or social workers who are students in the University.

Plan Local Health Leagues

The Ohio Public Health Association is taking up this fall the matter of organizing local public health leagues in the counties of the state, using the local anti-tuberculosis societies as nuclei for the broader organizations. The tuberculosis committee of the Summit County Red Cross Chapter was the first local agency to apply for constituent membership in the Ohio Public Health Association and will act as the official local organization of the association in Summit County.

New Agencies Enter V. D. Fight

Organization of the Ohio Women's Federation for Social Health and establishment of a social protective section in the bureau of venereal diseases of the State Department of Health are

recent important developments in the venereal disease program in Ohio.

The two organizations will co-operate in promoting the enforcement of laws against vice, the rehabilitation and control of prostitutes and the education of the public in sex hygiene.

The social protective section is established through a joint arrangement between the State Department of Health and the United States Interdepartmental Social Hygiene Board. Its personnel includes: Supervisor, Mrs. Lillian Burt; assistant supervisor, Mrs. Mary Cartwright; field worker, Mrs. Minnie G. Jamison; secretary, Mrs. Eleanor Moore Arnold.

The Women's Federation includes representatives of various women's organizations which are interested in the social hygiene program in the state.

V. D. Campaign in Cincinnati

The Cincinnati Social Hygiene Society is placing a thorough program of co-operation in the venereal disease campaign in effect this winter. Edgar F. Van Buskirk, formerly with the United States Public Health Service, has been appointed executive secretary and educational director of the society. He is also conducting a course in the teaching of sex hygiene in the University of Cincinnati.

Commissioners Organize

District health commissioners have recently organized in four geographic groups, for the purpose of holding conferences at frequent intervals. Officers chosen are:

Northeastern section—Dr. R. M. Schwartz, Columbiana County, President; Dr. C. M. Peters, Stark County, Secretary.

Northwestern section—Dr. J. M. Sutter, Allen County, President; Dr. C. H. Skeen, Fulton and Henry counties, Secretary.

Southern section—Dr. R. H. Grube, Greene County, President; Dr. Ralph Tate, district supervisor, Secretary.

Central section—Dr. C. M. Valentine, Columbus, President; Dr. C. W. Waggoner, Union County, Secretary.

OHIO COUNTY TO ENJOY MODEL HEALTH SERVICE

As this magazine goes to press, announcement has just been made that Portage county will be the scene of the model health service demonstration. More details will appear next month.

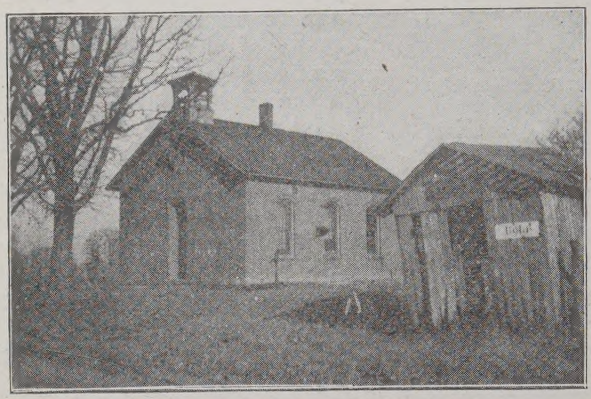
A model public health service will be developed in an Ohio county next year under the auspices of the State Department of Health. Announcement of the county selected for the demonstration is expected soon and may be made through the press before this magazine reaches its readers.

Plans call for the building up in the selected county of a health organization and program ideally adapted to the needs of rural districts in the state. The results of the experiment, it is predicted, will be such as to inspire other counties to model their health systems along similar lines.

"The project offers some Ohio county an opportunity to become famous for the high degree of protection it affords its citizens," said a recent statement from the State Department of Health.

The local health organization of the county will be supplemented with the aid of the Red Cross, the Ohio Public Health Association and other agencies and of funds raised by popular subscription in the county. Rigid control of communicable diseases, particularly typhoid fever and diphtheria, will be installed immediately, to be followed by school health work, extension of public health nursing service, efforts to reduce infant mortality and establishment of a health center with clinics and educational work.

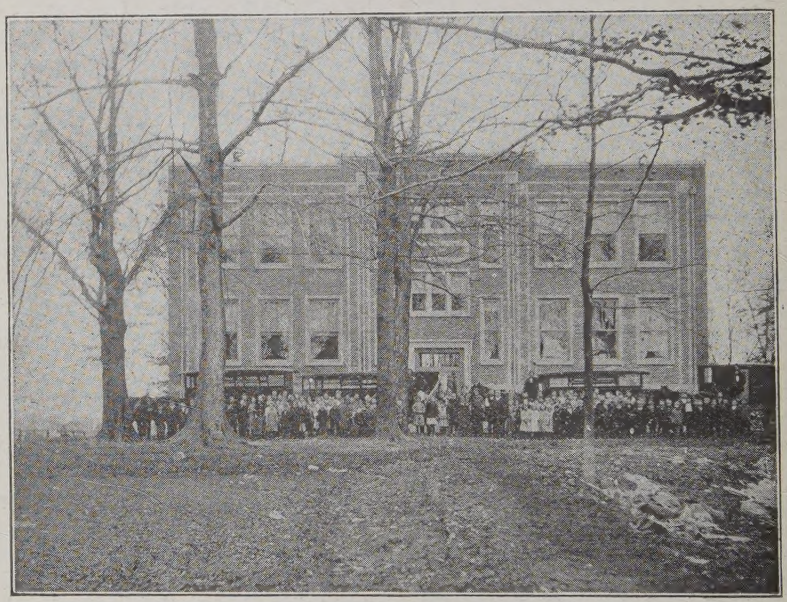
The OLD and the NEW in OHIO'S RURAL SCHOOLS



Above:—The Old-Fashioned One-Room "Little Red Schoolhouse"—now happily passing out of existence.

Below:—A Modern Centralized School—carrying to the rural school child educational advantages equal to those enjoyed in the city.

(Cuts furnished by State Department of Public Instruction.)



HEALTH PROGRESS in Ohio's schools must keep pace with the EDUCATIONAL PROGRESS symbolized by the centralized school, if Buckeye Schools are to do their full duty by the children of the State.